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RADEREQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

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	Application Number	10/086,779
JEST FOR WITHDRAWAL ATTORNEY OR AGENT AND CHANGE OF ESPONDENCE ADDRESS	Filing Date	28 February 2002
	First Named Inventor	Tammy Luttrell
	Art Unit	3626
	Examiner Name	Natalie PASS
	Attorney Docket Number	TAML-100A

To: Commissioner for P.O. Box 1450 Alexandria, VA 2	to confirm that the	e instant Withdrawal	as Attorney also incl	uest on 03 November 2004 udes Patent Attorney Bales et alRespectfully,			
Please withdraw me	e as attorney or agent for the ab	ove identified patent	application, and				
all the attorney	ys/agents of record. ** Declara	ation had also listed	Jennifer Bales, Reg.	No. 38,070			
the attorneys/a	agents (with registration number	rs) listed on the attac	hed paper(s), or				
the attorneys/a	the attorneys/agents associated with Customer Number 28304						
	ox can only be checked when the checked when the contract of t		of record in the appli	ication is to all the			
ROVED is requ	pay one or more bills rer honor an agreement to p	est or such withdrawal is ndered by the practition pay a retainer in advanc	s because: (1) The petil er for an unreasonable	tioner's client: (vi) Has failed to period of time or has failed to			
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08 at 102 200 .	The following and the second	Markey to y	្នាក់ និង ភ ព១ នាក់ក្នុង	Garage VI			
2. Change the corr	respondence address and direct	t all future correspond	dence to:	1.24			
The address associ	iated with Customer Number:						
OR							
Firm or	T., -						
Individual Name	Ms. Tammy Luttrell						
Address	P.O. Box 1342						
City	Wellington	State Colorad		Zip 80549			
Country		Colorac		- P 00545			
	us		I co. I	·			
Telephone			Fax				
Signature An	nil-Jaho	***************************************					
Name Jennifer L. Bale	Name Jennifer L. Bales Re		Registration No.	38,070			
Date: 08 March 2005 and made effective on 03 November 2004 Te			Telephone No.	Telephone No. (303) 664-4734			
NOTE: Withdrawal is effective w	then approved rather than when received	i. Unless there are at least	30 days between approve	el of withdrawal and the exciration			

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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To: Commissioner for Patents , P.O. Box 1450 Alexandria, VA 22313-1450								
Please withdraw me	as attorney or agent for the above id	entified (patent a	oplication, a	nd			
all the attorney	s/agents of record.							
the attorneys/a	gents (with registration numbers) list	ed on the	e attache	ed paper(s),	or			
the attorneys/a	gents associated with Customer Nur	nber		28304				
NOTE: This be practition	NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.							
The reasons for this request are: Under § 10.40 (c) a practitioner may not request permission to withdraw in matters pending before the Office unless such request or such withdrawal is because: (1) The petitioner's client: (vi) Has falled to pay one or more bills rendered by the practitioner for an unreasonable period of time or has failed to honor an agreement to pay a retainer in advance of the performance of legal services.								
	CORRESPOND	ENCE	ADDF	RESS				
1. The correspondence address is NOT affected by this withdrawal.								
2. Change the corre	espondence address and direct all fu	ture corr	esponde	ence to:			_	
The address associated with Customer Number:								
OR								
Firm or Individual Name	171 IMS. (animy Lune)							
Address P.O. Box 1342								
City	Wellington	State	Colorado)		Zip	80549	
Country	US							
Telephone	N 4 (Fax				
Signature Signature								
Name Jean Machel	301			Registration No. 33,956				
Date 03 November 2	03 November 2004 Te			Telephone	No.	(970) 218-6798		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration								

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